



ELEMENTARY RESTRICTED SPECIAL EDUCATION ENDORSEMENT

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD

SFN 58891 (07-2008)

| | | | | |
|------------------------|---------------|----------------------------|---------------|--|
| Social Security Number | Date of Birth | ND Teaching License Number | | |
| Work Telephone Number | | | | |
| Home Telephone Number | Email Address | | | |
| Last Name | First Name | M.I. | Maiden Name | |
| Mailing Address | City | State | Zip (9 digit) | |

Prerequisite: Valid North Dakota educator's professional license.

Reeducation Plan: None

Endorsement Request and Verification: Once you have finished the tests, request the endorsement be added to your license by returning this form to ESPB with your score reports.

Fees: If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at your normal license renewal time.

Timeline: All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your regular license renewal date.

Elementary Restricted Special Education

| | |
|--|-------------------|
| Praxis II Test Code 10011 (cut score 158) | Test Score |
| Praxis II Test Code 30522 (cut score 162) | Test Score |

| | |
|--------------------------|------|
| Signature of Applicant | Date |
| ESPB Review | Date |
| Executive Director, ESPB | Date |

| | | | |
|------------------------------|----------------------------------|-----------------------------------|--------------------------|
| License Code 50915 | Type of Equivalency 04 | Level of Preparation 14 | Restriction 13 |
|------------------------------|----------------------------------|-----------------------------------|--------------------------|

Submit completed form and \$75 fee to: Education Standards and Practices Board
2718 Gateway Avenue Suite 303
Bismarck ND 58503-0585
(701) 328-9641 office
(701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



Payment/Credit Card Information

| | | | |
|---|--|---|---------------------------------------|
| Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check | | Amount \$ | |
| Name as it appears on credit card | | Please sign to authorize credit card charge | |
| Credit Card Number | | Expiration Date | 3 digit CVV number on back of card |